

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214501543					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: NATIONAL ASSOCIATION OF CHAIN DRUG STORES, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DAVID M FITZSIMMONS 1776 WILSON BLVD SUITE 200 ARLINGTON, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ARLINGTON COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 2/28/2014</p> <p>SCC ID NO: 04224150</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
CLASS	AUTHORIZED						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 1776 WILSON BOULEVARD SUITE 200</p> <p style="text-align: center;">CITY/ST/ZIP: ARLINGTON, VA 22209</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; vertical-align: top;"> NAME: STEVEN C ANDERSON TITLE: P/CEO ADDRESS: 1776 WILSON BLVD SUITE 200 CITY/ST/ZIP/CO: ARLINGTON, VA 22209 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: STEVEN C ANDERSON TITLE: P/CEO ADDRESS: 1776 WILSON BLVD SUITE 200 CITY/ST/ZIP/CO: ARLINGTON, VA 22209	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: DAVID M FITZSIMMONS TITLE: CORP. SECRETARY ADDRESS: 1776 WILSON BLVD SUITE 200 CITY/ST/ZIP/CO: ARLINGTON, VA 22209	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			

NAME:	JOHN AGWUNOBI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1776 WILSON BLVD		
CITY/ST/ZIP/CO:	SUITE 200 ARLINGTON, VA 22209		
NAME:	JOSE BARRA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1776 WILSON BLVD		
CITY/ST/ZIP/CO:	SUITE 200 ARLINGTON, VA 22209		
NAME:	GEORGE D BARTELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1776 WILSON BLVD		
CITY/ST/ZIP/CO:	SUITE 200 ARLINGTON, VA 22209		
NAME:	ANTHONY CAFFENTZIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1776 WILSON BLVD		
CITY/ST/ZIP/CO:	SUITE 200 ARLINGTON, VA 22209		
NAME:	MARK S COSBY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1776 WILSON BLVD		
CITY/ST/ZIP/CO:	SUITE 200 ARLINGTON, VA 22209		
NAME:	KERMIT CRAWFORD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1776 WILSON BLVD		
CITY/ST/ZIP/CO:	SUITE 200 ARLINGTON, VA 22209		
NAME:	LYNNE FRUTH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1776 WILSON BLVD		
CITY/ST/ZIP/CO:	SUITE 200 ARLINGTON, VA 22209		
NAME:	MARK E GRIFFIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1776 WILSON BLVD		
CITY/ST/ZIP/CO:	SUITE 200 ARLINGTON, VA 22209		
NAME:	RICHARD J HARTIG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1776 WILSON BLVD		
CITY/ST/ZIP/CO:	SUITE 200 ARLINGTON, VA 22209		
NAME:	PAUL C JULIAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1776 WILSON BLVD		
CITY/ST/ZIP/CO:	SUITE 200 ARLINGTON, VA 22209		

NAME:	MICHAEL C KAUFMANN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1776 WILSON BLVD SUITE 200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	LARRY J MERLO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1776 WILSON BLVD SUITE 200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	MARK MURRAY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1776 WILSON BLVD SUITE 200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	JUAN M ORTIZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1776 WILSON BLVD SUITE 200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	CRAIG C PAINTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1776 WILSON BLVD SUITE 200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	FRANK SCORPINITI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1776 WILSON BLVD SUITE 200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	SHARON STERNHEIM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1776 WILSON BLVD SUITE 200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	Randall B Edeker	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1776 Wilson Blvd Suite 200		
CITY/ST/ZIP/CO:	Arlington, VA 22209		
NAME:	Kenneth Martindale	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1776 Wilson Blvd Suite 200		
CITY/ST/ZIP/CO:	Arlington, VA 22209		
NAME:	Martin Otto	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1776 Wilson Blvd Suite 200		
CITY/ST/ZIP/CO:	Arlington, VA 22209		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ DAVID M FITZSIMMONS</u>	<u>DAVID M FITZSIMMONS, CORP.</u>	<u>12/20/2013</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.